

Headquarters Air Combat Command

EMEDS OIF AAR PRELIMINARY RESULTS



HQ ACC/SGX

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OVERVIEW

- **Conference Events Recap**
- **Break-out Results**
- **The Way Ahead**

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C2 and IM/IT



**Maj Dan McNulty
Mr Lew Rissmiller
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**Capt Rob Young
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C2 & IM/IT Issues

- **Criteria for EMEDS/CCs: “O-6” validated**
- **Need pax/equip UTCs sep for ITV: Validated**
- **Incorporate BW/CW treatment pallets into TTP**
 - Identify for “high-threat” areas
- **Command Organization: Don’t mandate in TTP**
 - However, maintain 3-ltr org taught at course
- **EMEDS/CC Command Relationships**
 - Coord w/ AELT, MASF, SME; Outline in TTP
- **Who is authorized treatment? What is the PAR?**
 - Doctrine vs. Reality...don’t put in TTP;
theater-specific issue



C2 & IM/IT Issues

- **LOAC: Issue still being worked at Air Staff/JA**
 - ***Put into TTP, if formal guidance is given***
- **Need for additional training at EMEDS Course**
 - ***STU/STE use, CC focus, new guidance on PAR and LOAC***
- **Base closure issues (disposition of records)**
 - ***Further investigation and input into TTP***
 - ***Disposition of med records, MoUs, etc.***
 - ***Need for guidance in field***



C2 & IM/IT Issues

- **IM/IT**
 - Coordination with base services!**
 - Need for secure data and voice**
 - End-user devices have to be hardened**
 - **Use USB type devices**
 - **Theater unique and medical equipment apps available**
 - Equipment has to be managed in WRM projects**
 - **Uninterruptible power**
 - Intra unit and inter service communications**
 - **Motorola Radio Sets, Iridium**
 - Use of TeleMedicine at sustainment base validated**
 - Web based applications and CD based reference materials**

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Personnel and Training



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Personnel Issues

- **Substitution Rules**
 - **WMP III sub rules need to be reviewed**
 - **Substitutions need to be correctly handled by home stations**
- **New FFGL4 (PAM)**
 - **Make 2nd 4B051 substitutable with 4E051 based on theater/beddown requirements**
- **FFEP2 (Command Control UTC)**
 - **All changes to C2 UTC validated by groups**
 - **Must look at staffing at home station regarding V4A0X1 (IM/IT personnel) in the future**
- **FFMFS**
 - **Current Personnel Makeup is correct**
 - **4N1X1 Sub needs to be experienced and/or 7 Level**



Personnel Issues

- **All groups believe that there is not a need for a PT/OT UTC.**
 - **Suggest moving PT from +25 to +10**
- **FFGKV (Mental Health)**
 - **Discussion to lay in FFGKV at Basic Level**
 - **42S3 should not be sent alone**
- **FFDEN (Dental Augmentation)**
 - **Review Substitution rules for the 47G3A with the dental community**
- **Hub and Spoke Concept**
 - **Not recommended**
 - **Look at working with the AOR to institute surgical rotations between different sites.**



Training Issues

- **EMEDS Training**
 - Needs to be accomplished during training block of AEF Cycle.
 - Consider making SORTS reportable
 - Does not address PAM functions well
 - Those who attend training **MUST** deploy...no last minute subs
 - Recommend letter from Air Staff through MAJCOMS to units
- **CSTARS**
 - Recommend reviewing who attends course
 - Surgeons within group do not feel this training is worth while for them
- **Review The Usage of The TOPSTARS Course**
- **Cross Functional Training within EMEDS**
 - Necessary
 - Training needs to happen prior to deployment
 - Need good training equipment or traveling equipment must exist.
- **BMET**
 - Shortages need to be addressed up to CFM
- **Review the concept of CMRT vs FMRT**

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Logistics



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Expeditionary Medical Logistics

- **Predeployment**
- **Capability**
- **Redeployment**
- **Sustainment**



Predeployment

- **QA of in garrison maintenance contractor**
 - **Maintenance of ground equipment (ECUs, Gen)**
- **Consolidation of UTC**
 - **MFST, PAM, SPEARR located with PAX UTC**
 - **Training on EMEDS equipment**
- **Review SORTS process for equipment UTCs**
- **Validate Pilot Unit Selection for all UTCs**



Capability

- **Tentage**
- **Linen**
- **Vehicles**
- **Regulating patient temperature**
- **Functional Triage kit**
- **Dental Chair**
- **BMET support**
- **Public Address**
- **External lighting**
- **30 Day of supplies**



Redeployment

- **Capability of UTCs after initial usage**
- **Reutilization of deployed UTCs**



Sustainment

- **Reachback and New SIMLM**
- **Wear of durable assets**
- **Refrigerated items**
- **PMEL support**
- **PPE**
 - **DEET & Permethrin**
 - **BW/CW accountability**

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Deployment Issues



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DEPLOYMENT ISSUES

Pre Deployment

OBSERVATION:

**Ineffective medical clearance processes for
contractor
and ARC personnel**

RECOMMENDATION:

- 1) Cross-feed to AFRC/SG, ANG/SG**
- 2) Cross-feed to Contracting Community**



DEPLOYMENT ISSUES

Pre Deployment

OBSERVATION:

**Ineffective dental clearance processes for USA
and
ARC personnel**

RECOMMENDATION:

- 1) Cross-feed to USA/SG, AFRC/SG, ANG/SG**
- 2) Educate home units until changes can be implemented—fix them before they leave**



DEPLOYMENT ISSUES

Pre Deployment

OBSERVATION:

**Inadequate guidance and enforcement of existing policy
for company provision of medical care for contractor personnel**

RECOMMENDATION:

- 1) Establish clearance process**
- 2) Requirements in all contract—Contracting, SG coord**



DEPLOYMENT ISSUES

Pre Deployment

OBSERVATION:

Inadequate weapons training for medical personnel

RECOMMENDATION:

- 1) More frequent training**
- 2) More stringent training requirements**
- 3) More realistic training (i.e. flak vest, helmet, real- world situations, day-to-day carry issues)**



DEPLOYMENT ISSUES

Employment

OBSERVATION:

**Personnel arrived in theater without appropriate PPE,
immunizations**

**(Common sense vs reporting instructions vs line remarks vs
WOM)**

RECOMMENDATION:

- 1) Consider prepo**
- 2) Standardize as much by theater as possible**
- 3) Standardize: RI + LR (+ CS + WOM)**
- 4) Communicate to PRU Chain of Command**
- 5) CC / MRO education / emphasis / accountability**
- 6) Every airman awareness**



DEPLOYMENT ISSUES

Employment

OBSERVATION:

Deploying commanders procured / received varying degrees of situational awareness / leadership preparation

RECOMMENDATION:

- 1) Investigate options for better SA of joint assets**
- 2) Investigate Deployed Commanders' Course as possible adjunct training**
- 3) CENTAF theater orientation plan already in the works**
- 4) Deployed Medical Commanders' Handbook additions**



DEPLOYMENT ISSUES

Employment

OBSERVATION:

Inadequate return priority of medical attendants

RECOMMENDATION:

- 1) Engage AF/DO, AMC/DO for coordinated policy and instructions for returning personnel**
- 2) MTF AE POC education / brief departing personnel**
- 3) Every airman education**



DEPLOYMENT ISSUES

Redeployment

OBSERVATION:

Insufficient current guidance on redeployment

RECOMMENDATION:

- 1) Update Deployed Medical Commanders' Handbook**
- 2) Investigate other avenues to disseminate information**

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Modernization



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Modernization - EMEDS AAR



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IM/IT

- **Ruggedized Hardware**
- **Seamless electronic medical record: Central Repository/PIC**
- **Universal Radiology Electronic Picture Format**
- **CD Reference Library**
- **Automated reports generator i.e. personnel reports**



Lab Services

- **Diagnostic capabilities far forward (i.e. WBC at Basic)**
- **Avoid reliance on Refrigerated Reagents**
- **Self-calibrating/longer lasting**
- **Improve CW/CW suspected substance sample prep**
- **Non-invasive lab sampling**



Public Health/BEE

- **Better water testing Technology**
- **Better ways of determining food suitability**
- **Improved Algorithms for HAPSITE**



Infection Control

- **Contagious Patient Treatment/Transport**
- **Regulated Medical Waste**
- **Linen Management**



Training Issues

- **Basic Soldier Skills**
- **Evidence-based clinic training**



Misc

- **Hub-Spoke concept**
- **CAT Scan**
- **Pyxis**



QUESTIONS?



AIR COMBAT COMMAND MEDICAL READ